



State of South Dakota

Department of Health

Attn: West Nile Grant Program
600 E Capitol Ave
Pierre, SD 57501
(605)773-8107
Or Email to:
Julie.Ramsey@state.sd.us

Date Submitted:

Recipient

(your information below)

City/County/Tribe: _____

Attention: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Daytime Phone: _____

Date	Description of Expenses (Chemical/Equipment) <i>Proof of Purchase must be attached</i>			Total
	Description of Wages (must include employee name, hours worked, and rate of pay)			
	Name:	Hours Worked:	Rate of Pay:	
TOTAL				

Recipient Signature: _____